

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 296520		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2008	
NAME OF PROVIDER OR SUPPLIER SIERRA REHB SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 679 SIERRA ROSE DR STE A RENO, NV 89511			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
I 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of an annual Medicare recertification survey conducted at your facility on 9/8/08. Nine open and closed records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following Condition of Participation was not met: CFR 485.729 Program Evaluation 485.717(b) ARRANGEMENTS:SOCIAL/VOCATIONAL SERVICES If a rehabilitation agency does not provide social or vocational adjustment services through salaried employees, it may provide those services through a written contract with others who meet the requirements and responsibilities set forth in this subpart for salaried personnel. The contract must specify the term of the contract and the manner of termination or renewal, and provide that the agency retains responsibility for the control and supervision of services. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to provide evidence of an agreement with an outside party to provide			I 000			
I 072				I 072			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 296520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2008
NAME OF PROVIDER OR SUPPLIER SIERRA REHB SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 679 SIERRA ROSE DR STE A RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
I 072	Continued From page 1 vocational and psychosocial services. Findings include: A review of the written agreement for social and vocational services revealed the agreement expired in 2001. An interview with the administrator revealed there was no current agreement with anyone to provide such services.	I 072			
I 160	485.725(a) INFECTION CONTROL COMMITTEE The infection control committee establishes policies and procedures for investigating, controlling, and preventing infections in the organization and monitors staff performance to ensure that the policies and procedures are executed. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to provide evidence of an annual infection control committee meeting. Findings include: An inspection of the records of all meetings held by the facility failed to show evidence of an infection control committee meeting in the last year. An interview with administrator revealed a meeting had not taken place.	I 160			
I 167	485.727(b) STAFF TRAINING & DRILLS All employees are trained, as part of their employment orientation, in all aspects of	I 167			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 296520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2008
NAME OF PROVIDER OR SUPPLIER SIERRA REHB SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 679 SIERRA ROSE DR STE A RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
I 167	Continued From page 2 preparedness for any disaster. The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out his assigned role in case of a disaster. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to provide evidence of an annual fire or disaster drill. Findings include: The administrator failed to produce a record of a fire drill within the last year. The administrator indicated a drill had not been held.	I 167			
I 168	485.729 PROGRAM EVALUATION The organization has procedures that provide for a systematic evaluation of its total program to ensure appropriate utilization of services and to determine whether the organization's policies are followed in providing services to patients through employees or under arrangements with others. This CONDITION is not met as evidenced by: Based on record review and interview, it was determined the facility failed to provide evidence of an annual program evaluation. Findings include: A review of the annual meetings record revealed the last annual meeting to evaluate the program occurred on 10/22/04. The administrator indicated that an annual	I 168			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 296520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2008
NAME OF PROVIDER OR SUPPLIER SIERRA REHB SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 679 SIERRA ROSE DR STE A RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
I 168	Continued From page 3 program evaluation meeting had not occurred since 2004.	I 168			
I 169	485.729(a) CLINICAL RECORD REVIEW A sample of active and closed clinical records is reviewed quarterly by the appropriate health professionals to ensure that established policies are followed in providing services. This STANDARD is not met as evidenced by: Based on interview, it was determined the facility failed to document quaterly clinical record reviews. Findings include: An interview with the administrator revealed he randomly selected records for review, but did not document such reviews nor was there a group of professionals conducting such reviews.	I 169			